



SDI Review Form 1.6

Journal Name:	<u>Ophthalmology Research: An International Journal</u>
Manuscript Number:	2014_OR_15827
Title of the Manuscript:	Repeated Intravitreal Bevacizumab Injections versus Combined Intravitreal Bevacizumab and Posterior Subtenon Triamcinolone Injections for Treatment of Diabetic Macular Edema
Type of the Article	

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



SDI Review Form 1.6

PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<u>Compulsory</u> REVISION comments	The measure outcomes included BCVA, IOP and CMT. The other post-treatment complications should be included in the study. They include IOP elevation >5mmHg, cataract, infection, retinal detachment, vitreous hemorrhage, retinal complications and eyelid complications. Subtenon triamcinolone may induce cataract in the longer follow up period. The authors should mention it in the discussion.	There were no infection, retinal detachment or vitreous hemorrhage in any of the study cases. Cataract as well did not happen in the six months follow up period. However, it may occur on longer follow up.
<u>Minor</u> REVISION comments	I could not find the full term of CMT.	Central Macular Thickness
<u>Optional/General</u> comments	The authors evaluated efficacy of combined bevacizumab and subtenon triamcinolone versus three intravitreal injections of bevacizumab at one month interval for the patients with DME. The number of the patients was small and the follow up period was too short.	These types of treatments are known to be of short action so we followed up patients for only 6 months. The number of cases need to be enlarged to do a larger study on larger scale but first we needed to confirm the benefits.